



Covid Safety Protocol Project

Attestation for Covid Safety Protocol Project

I _____ owner and operator of

(Please Print Name)

_____ Attest that I have not received any other

(Business Name)

government funding relating to the impacts of Covid-19 with respect to the same intentions

that the financing from Kirkland and District Community Development Corporation is assisting

with through the Covid Safety Protocol Project provided by FedNor.

Signature

Date